

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RECEIVED
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Applicants: Tzu-Chiang Chung
5 Examiner: Solomon, Gary L Conf. No.: 6806
Filing Date: 08/22/2001 Art Unit: 2615
Serial No.: 09/682,343 Docket No.: ACMP0018USA

Title: **DIGITAL CAMERA WITH LOW MEMORY USAGE**

10

To: **Commissioner for Patents**
P.O. BOX 1450
Alexandria, VA 22313-1450

15 Subject: **Response to the Office Action dated 06/21/2004**

Dear Sir:

INTRODUCTORY COMMENTS

20

In response to the Office action identified above, the above-identified application is to be amended as indicated in the following sections.

**NORTH AMERICA
INTERNATIONAL PATENT OFFICE**

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SEP 16 2004

**FAX TO: Solomon, Gary L
ART UNIT: 2615**

**Tel: (703) 305-4370
Fax: (703) 872-9306**

FROM: Winston Hsu, PATENT AGENT, REG. NO. : 41,526

SERIAL NO.: 09/682,343

ATTORNEY DOCKET NO.: ACMP0018USA

**SUBJECT: RESPONSE TO OFFICE ACTION MAILED
ON 06/21/2004**

TOTAL PAGES: 10 PAGES (INCLUDING COVER PAGE)

Winston Hsu 2004/09/16

ACMP0018USA0_A2_1

PTO/SB/57 (08-03)

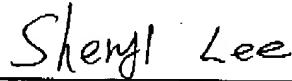
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APPLICATION NUMBER: 09/682,343

PAPERS INCLUDED:

(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Response to Office Action	6 PAGES

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number	09/682,343
Filing Date	08/22/2001
First Named Inventor	Tzu-Chiang Chung
Art Unit	2615
Examiner Name	Solomon, Gary L

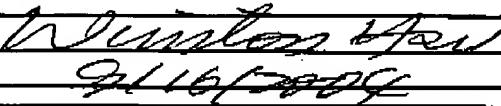
Attorney Docket Number

ACMP0018USA

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Winston Hsu, Reg. No.: 41,526
Signature	
Date	9/16/2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name		
Signature		Date

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0.00)

Complete if Known

Application Number	09/682,343
Filing Date	08/22/2001
First Named Inventor	Tzu-Chiang Chung
Examiner Name	Solomon, Gary L
Art Unit	2615
Attorney Docket No.	ACMP0018USA

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account:

Deposit Account Number	50-3105
Deposit Account Name	North America Intellectual Property Corp.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Fee Code (\$)	Small Entity	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$0.00)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20* =	X	=
Multiple Dependent	-3** =	X	=

Large Entity	Fee Code (\$)	Small Entity	Fee Code (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	88	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$0.00)				

*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Fee Code (\$)	Small Entity	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to Institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	685	Petition to revive - unintentional	
1501	1,330	2501	685	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(e))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$0.00)	

SUBMITTED BY

Name (Print/Type)	Winston Hsu
Signature	

(Complete if applicable)

Registration No. 41,526 Telephone 886289237350

Attorney/Agent

Date 3/16/2004

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